

FAMILIES INTERNATIONAL ADOPTION AGENCY



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US Department of State, CA/OCS/PRI
Adoption Regulations Docket Room
SA-29
2201 C Street, NW
Washington, DC 20520

Dear Committee Members,

I hope this letter finds you well.

I am an adoptive parent of two children from Romania. My wife and I were among the first Americans to adopt a Romanian orphan in 1990. We subsequently adopted our son from Romania in 1993. By 1993, adoption laws in Romania had changed our son (the biological brother of our daughter) had to remain in an orphanage for a minimum of six months to be free for adoption. When we traveled to Romania and first met our son, he was near death. He was eight months old and weighted eleven pounds. He had no use of his arms or legs. His crib was in located in a room far from caregivers in what I would call a "dying room." I estimate that he had perhaps two more months to live.

The agency that we used in 1993, to assist use with his adoption is located on the West Coast. This is a large well-respected agency. Needless to say, the size and abundant resources at this agency's disposal did not protect my son. Their complete and utter mismanagement of his case nearly resulted, in his death. After returning home, we received phone calls of concern and letters of apology from the agency. My wife and I spent the next few years rehabilitating our son and thankfully he is now a happy well adjusted almost eleven year old boy.

As a result of this painful adoption experience, I founded Families International in 1995. I am currently the Executive Director of Families International, a small non-profit adoption agency based in Pittsburgh. The primary mission of Families International is to educate our client families so that they can make informed adoption decisions. This agency also stresses the importance of making appropriate placements. We believe that all children deserve to be raised in loving homes, however, children raised in orphanages have demanding needs and must be placed in suitable homes. This is not an easy task.

My overriding concern with regard to these proposed Hague regulations is that they will force this agency to close. Families International's primary adoption program is Romania. For controversial reasons in my view, Romania has enforced an adoption moratorium for more than two years. This adoption moratorium remains in force today. For this reason, Families International has struggled simply to pay typical monthly expenses. I am confident that once this moratorium is lifted, Families International will be able to resume our mission of placing needy children with loving families. It is quite possible that the agency will have the capability of placing more than fifty children annually from Romania. With the proceeds from the agency fees that we would receive, the agency would then be in a much healthier position and be able to hire staff and expand.

In my view, any pending legislation that demands of this agency significant time and expense to comply with new accreditation guidelines will severely injure the agency and our current and potential client families.

Families International is not opposed to complying with new guidelines and legislation that demands agencies to document how client families are informed and educated with regard to health risks of the children they are adopting. This agency also believes that payment schedules can be developed so that client families financial resources are in some way protected. We know through our Romanian experience how fluid the international adoption landscape is and client families should not be held hostage when such uncertainty exists.

In the summer of 2001, I attended an Acton Burnell meeting held in Washington DC, that discussed proposed regulations for the Intercountry Adoption Act. I along with others made critical comments regarding the draft regulations. Sadly, it appears that our concerns were ignored or misunderstood.

Lastly, before I make specific references to the proposed adoption regulations, I firmly believe that the goal of any child welfare policy or regulation should focus on the needs of the abandoned children. Such a policy would first stress quick placements of the abandoned children with waiting families within the children's country of origin. If no families come forward within a reasonable period of time, the children should be made free for adoption internationally. Concurrently, governments must take necessary steps to stem child trafficking and corruption. Under such reasonable guidelines, adoption agencies can then focus on serving the best needs of children and families rather than spending time and money complying with rigorous regulations that do not serve any helpful purpose. The goal of these adoption regulation changes should be made with the children in mind, not to force Families International and other small agencies to close through enriching a few large agencies and the editors.

Specific Complaints and Concerns:

22 CFR Part 96

Families International is accredited by the Commonwealth of Pennsylvania. All relevant information regarding to the operation of the agency is reviewed annually. An independent audit is also required for annual re-accreditation. I fear that an additional layer of oversight will add a cost that this agency cannot afford to pay. I have heard cost estimates as low as \$2,000 and as high as \$40,000 for such audits.

Subpart F,96.33(d)

Cash Reserves - Families International is a small agency. As stated above, the agency's primary program is Romania. Romania has been closed for more than two years. Although this agency does provide other adoption -related services, our focus is Romania. Due to the fact that Romania has prohibited international adoption for so long, our client base has been negatively impacted and our cash reserves are modest. It is our hope that adoptions will resume from Romania in the near future. However, this regulation would require a struggling agency like ours maintain relatively large cash reserves. I must stress that Families International is experiencing difficulty through no fault of our own and unless exceptions are made, I view such a policy as short sighted and punitive.

Subpart F,96.33 (h) Insurance - I agree that there should be regulations made to ensure that agencies purchase liability insurance to cover direct employees. Additional requirements I believe are excessive. Laws and regulations in other countries should be responsible for assuring that the

overseas adoption professionals, drivers, etc are insured. The adoption agency should be looked to be responsible for every negative event that could occur during the adoption process.

extending the spirit of this regulation, adoption agencies should be held accountable if one of its families is involved in a plane crash, terrorist incident, has a miserable hotel experience, or gets food poisoning. Are travel agents and tour operators held to similar standards? I think not.

International adoption is risky. In many ways the international adoption process is analogous to a minefield. It has to be negotiated slowly and cautiously. You cannot legislate risk out of adoption.

One final note, through conversations that I have had with insurance carriers, I was notified that such policies would not be written or approved.

Subpart K, a96.79(a) Accreditation Appeals - According to this section, if an agency's initial application is rejected, there is no provision in place to allow a second or third submission. If true, this policy appears to be unreasonable and un-American in spirit and intent. How does such a policy benefit the institution of adoption?

CLOSING REMARKS

There is inherent risk in all that we do. True, some choices that we make are far riskier than others are. From my personal experience, I know that pursuing an international adoption is risky. I use the analogy with my client families of a minefield. Many obstacles often exist as you negotiate an international adoption. I view my role as the guide through this field so that our client families face minimal harm and hopefully complete their adoption journey successfully.

Sadly, there are no guarantees. As we know, all invasive treatments people seek that struggle to conquer infertility are not successful. Should we then write legislation demanding that all doctors comply with extensive administrative guidelines and guarantee clients 100% success at a fixed cost?

Similar scenarios can be made for any business sector. So... why is there such a need to hold international adoption agencies to unreasonable standards. It was my understanding that the spirit of the Hague Treaty was to minimize international child abduction and child trafficking. Adding reasonable protections for prospective adoptive parents makes sense. Far reaching changes in international adoption policies and practices will only result in the loss of many small agencies, less choice, poorer service and added cost to the adopting public.

Thank you in advance for your time and consideration.

Sincerely,



Geoffrey Clauss
Executive Director

International Adoption - One Path to Parenthood Geoffrey Clauss

In the mid 80's, my wife and I struggled with infertility. We wanted to conceive a child, but more importantly, wanted to parent. We joined RESOLVE and started the process of exploring adoption. This was a difficult period for us, as it is with all infertile couples. We were involved in infertility treatments and exploring adoption options. For us, remaining childless was not an option.

Choosing to adopt, was a liberating experience. The emotional strains associated with infertility tests and procedures ended, yet we still faced challenges in the adoption process. We learned to negotiate unexpected barriers to adoption and became parents in September of 1990. My wife and I were among the first Americans to adopt a Romanian child into the United States. We subsequently adopted our second child from Romania in 1993.

In recent years, the international adoption landscape has shifted dramatically. Many American families are now traveling to China, Russia, the former Soviet Republics, other Eastern European countries, and Central America to adopt abandoned infants and young children. For families considering adoption, the growth in international adoption choices has made the decision to adopt abroad easier.

Through my association with the adoption community for the last twelve years, I have spoken with thousands of people that have adopted or were pursuing adoption. They often share with me their personal and painful infertility experiences. For many infertile couples the heartache caused by infertility creates the belief in them that they deserve to adopt the "perfect baby."

Sadly, all children that are adopted internationally could be considered a high-risk group. Rather than building a family through adoption, an inappropriate placement can cause significant financial and emotional strains on a family. In some cases, families do disrupt adoptions. Once families decide to consider adoption, they should familiarize themselves with a variety of objective adoption resources (see resource guide provided) so that they can make an informed adoption decision.

Currently, orphanage care is the predominate child care model world-wide for abandoned children. Many research findings indicate that orphanage living retards physical and developmental growth. Some areas of concern are attachment and bonding, fine and gross motor skills, and speech and language acquisition. Orphanages are also breeding grounds for infectious diseases and medicine is often in short supply.

In contrast, when a newborn infant joins a family, it is a joyous occasion. Babies cry to make their needs known and are generally pampered throughout the day. This does not generally happen in the orphanage. In orphanages, infants are diapered, fed, and bathed according to a schedule. They are frequently left in their cribs unattended for hours at time.

In running an orphanage, the needs of the individual child are sacrificed to satisfy the needs of the many. Typically, infants stop crying when they realize that their cries go unanswered.

In addition to the negative consequences that orphanage living has on infants and young children, knowledge of the birthmother's prenatal care and medical history is often unavailable. For example, the adoptive parents and adopted child may never know if the birthparents' medical history includes heart disease, cancer, or mental illness.

HOW CAN I MINIMIZE THE RISK FACTORS ASSOCIATED WITH INTERNATIONAL ADOPTION?

1. Adopt young children - The quality and intimacy of care provided in orphanages varies greatly for those located in the same village, city, or country. Longitudinal studies indicate that once internationally adopted children join families, infants and very young children make greater developmental gains.

Generally children that have lived in orphanages for an extended period are difficult to parent. They have learned survival skills specific to their situations that do not conform to family life and their ability to comprehend and speak English may be limited. All children deserve to live in loving homes rather than orphanages, however, these children have demanding needs. Older children have been neglected for many years and may also be the victims of abuse. Due to the harsh realities of orphanage life, mental disorders are also more prevalent in this population.

2. Utilize qualified medical professionals to evaluate referral information - Prospective adoptive parents should have all referral information such as videos, medicals, and social reports reviewed by qualified adoption professionals of their choice. Failure to do so, may have serious consequences for all family members.

3. Understand the difference between special needs and high risk adoptions - Special needs adoption refers to a child placed with a family that has a known diagnosed medical condition such as cerebral palsy, Down Syndrome, or Fetal Alcohol Syndrome. Due to the lack of information available on abandoned children and their birthfamilies, all other international adoptions should be considered high risk placements.

4. Become educated - Contact adoption professionals and therapists, and read relevant adoption materials.

Once I have decided to adopt internationally, what are the first steps? In order to receive approval to adopt from the Immigration and Naturalization Service (INS), a home study interview and report must be completed by a qualified adoption professional. This report is then forwarded to the INS office for review.

You must also file a I-600A form with INS and be fingerprinted. The fee for filing this form is \$405 and \$25 per person for fingerprinting.

How long does the adoption process take? This is a difficult question to answer. There are many variables that can lengthen your wait. These may include but are not limited to the country you have selected to adopt from, the political stability of this country, unforeseen changes in adoption laws and regulations, and the age and gender of the child you are adopting. In most cases, plan for the adoption process to take approximately nine to twelve months after receiving INS approval.

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Non-Endorsement Policy

The policy of RESOLVE Of Pittsburgh is to provide its members with the most up-to-date information available in the field of infertility and adoption. Publication of any information or advertising in our newsletter does not imply our endorsement.



Help Spread The Word

Remember that the best way to inform others about RESOLVE is by word of mouth. If RESOLVE has helped you, be sure to tell your family, friends, clergyman, physician and/or adoption worker. RESOLVE will supply anyone who asks with brochures outlining services. Call us at (412) 921-3501.



Physician Outreach

Do you know of a doctor's office that doesn't have copies of RESOLVE Of Pittsburgh brochures in its waiting room? Help those who know nothing about infertility become educated consumers - phone (412) 921-3501 and ask about our Physicians Outreach effort.



Confidentiality

RESOLVE Of Pittsburgh, Inc. intends to maintain the privacy of its members at all times. Our membership list is kept confidential and is never shared with other organizations. Attendance at monthly meetings does not require self-exposure. People are free to talk as little or as much as they choose. You can benefit from our meetings without participating in the discussion. RESOLVE is here to help.

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How much does it cost to adopt internationally? Fees may vary greatly from country to country and from agency to agency. Typically, international adoption fees for infants and young children range from \$15,000 to \$30,000. The fee schedules provided by agencies may or may not include travel expenses.

Should we adopt more than one child at the same time? Prospective adoptive parents must remember that adoptive children no matter how young had a life and a history before joining your family. In most cases, it was not a happy one. For the reasons stated above, it is usually recommended to adopt one child at a time unless they are part of a sibling group.

What can I do while I am waiting for a referral to prepare myself to parent an internationally adopted child? Attend adoption support group meetings and area conferences, read relevant adoption books, subscribe to adoption newsletters, and become infant and child CPR certified. It is also helpful to keep an adoption journal to record your thoughts and feelings throughout the adoption process.

Is travel required? Generally yes, but travel to some countries is optional or not permitted. In this case, the children are accompanied by escorts to major cities where they are met by the adoptive parents. It is my belief that adoptive parents should travel when possible. Through traveling, you may have the opportunity to visit your child's orphanage or foster home. In addition, you will experience life in that country and be able to share your impressions with your adopted child.

If I do travel, when can I return home with my adopted child? This depends on the specific country you have selected for your adoption. Between one and three weeks is the norm.

After I return home with my adopted child, when should I schedule the child's first doctor visit? As soon as possible. It is recommended that all internationally adopted children be evaluated by a developmental pediatrician experienced with this population. This appointment can often be scheduled prior to traveling. At this visit, the doctor should re-test for infectious diseases, assess the child's physical and cognitive abilities, and begin the process of repeating all immunizations.

When should I start discussing adoption issues with my child? From the time you first arrive home. In these early years, sharing your adoption story with your child should be a joyful experience. Talking openly about adoption with your child will also better prepare you for answering difficult adoption questions in later years. There are many good books and reference materials to assist you in addressing a variety of sensitive adoption topics.

Will I be happy with my decision to adopt internationally? The answer to this question is generally yes. The vast majority of people are happy that they pursued international adoption.

Every adoptive family has their own unique adoption story. At times, the international adoption process can be stressful and perhaps overwhelming. However, seeing my son and my daughter for the first time were the happiest days of my life. I cannot imagine what my life would be like without my children. For those of you considering international adoption, it is certainly a journey, a journey worth taking.

Editor's Note: Geoffrey Clauss is the Founder and Executive of Families International. This agency places infants and young children from Romania and Guatemala. Families International also provides home study services for families adopting domestically and internationally. Mr. Clauss has been a speaker at RESOLVE Symposiums and various national adoption conferences.

Helpful Resources

Raising Adopted Children,
by Lois Ruskai Melina

International Adoption - Sensitive
Advice for Prospective Parents,
by Knoll and Murphy

With Eyes Wide Open: A Workbook for
Parents Adopting International Children
Over Age One,
by Margi Miller and Nancy Ward

Building The Bonds of Attachment,
by Daniel Hughes

Adopting The Hurt Child, by Gregory
Keck and Regina Kupeckny

Infants In Institutions,
by Sally Provence and Rose Lipton